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Jun .	for all correspondence after initial fi	ing)	Examiner Name		Unas	signed			
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Firm Name	SIGNA	TURE	OF APPLICANT, A	TTORNE	Y, OF	AGEN	l I		
rum name	Townsend and Town	send a	nd Crew LLP						
Signature									
Printed name	James M. Heslin								
Date	June 14 , 2005			Reg. No.		29,541			
I hereby certify envelope addi	that this correspondence is beessed to: Commissioner for Pa	eina dep	ICATE OF TRANSI osited with the United Sta O. Box 1450, Alexandria	ites Postal S	Service	with suffic	cient posta	age as firs	at class mail in an
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Typed or printed name

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Attorney Docket No.: 021308-000710US

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

on 6-15-05

TOWNSEND and TOWNSEND and CREW LLP

Jennifer O'Brien

JUN 1 7 2005 3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

ZDEBLICK et al.

Application No.: 10/764,125

Filed: January 23, 2004

For: METHOD AND SYSTEM FOR

REMOTE HEMODYNAMIC

MONITORING

Examiner: Unassigned

Art Unit: 3762

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT UNDER 37

CFR §1.97 and §1.98

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references are not enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

Also enclosed is a copy of the Search/Examination report corresponding to the PCT application.

ZDEBLICK et al.

Application No.: 10/764,125

Page 2.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that <u>no fee is required</u> for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

James M. Heslin Reg. No. 29,541

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JMH:tfw 60515584 v1



Substitute for form 1449A&B

Sheet

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

of

Complete if Known				
Application Number	10/764,125			
Filing Date	January 23, 2004			
First Named Inventor	ZDEBLICK, MARK			
Art Unit	3762			
Examiner Name	Unassigned			
Attorney Docket Number	021308-000710US			

		Document Number			
Examiner Initials*	Cite No. ¹	Number Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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	2	5,156,154	10-20-1992	Valenta, Jr. et al.	
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				FOREIGN PA	TENT DOCUME	ENTS		
Examiner Cite No.1	Foreign Patent Document				Name of Patentee or	Pages, Columns, Lines, Where Relevant		
	Country Code ³	Number ⁴	Kind Code ^s (if known)	Publication Date MM-DD-YYYY	Applicant of Cited Document	Passages or Relevant Figures Appear	T ⁶	
		1						

NON PATENT LITERATURE DOCUMENTS					
Examiner Initials *	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	Т		
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Examiner Signature	Date Considered	

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). Applicant is to place a check mark here if English language Translation is attached.